

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

IMPROVEMENT OF ENDOTHELIAL CELL-CELL COHESION

the Specification of which

is attached hereto
 was filed on _____
as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

<u>APPLICATION NUMBER</u>	<u>PRIOR FOREIGN FILED APPLICATION(S)</u>	
	<u>COUNTRY</u>	<u>(MONTH/DAY/YYYY)</u>

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)

60/243,693

60/241,216

FILING DATE (MM/DD/YYYY)

October 27, 2000

October 13, 2000

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent
Application No.

PCT Parent
Number

Parent Filing
(MM/DD/YYYY)

Parent Patent
Number (if applicable)

I hereby appoint as my attorneys or agents the registered persons identified under

Customer No. 23565

for the law firm of Klauber & Jackson, said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to **Customer No. 23565**.

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST OR SOLE INVENTOR: Gary Nackman
COUNTRY OF CITIZENSHIP: United States
FULL RESIDENCE ADDRESS: 23 Bridgewood Court
Belle Mead, NJ 08502
FULL POST OFFICE ADDRESS: Same

SIGNATURE OF INVENTOR _____
DATE _____

FULL NAME OF SECOND JOINT INVENTOR: Ramsey Foty
COUNTRY OF CITIZENSHIP: Canada
FULL RESIDENCE ADDRESS: 312 Fontayne Lane
Lawrenceville, NJ 08648
FULL POST OFFICE ADDRESS: Same
SIGNATURE OF INVENTOR _____
DATE _____